NAME			DATE
ADDRESS			
CITY	STATE	ZIP	

NOTICE AND DEMAND

"You are hereby	notified that a check or instrument number	issued by
you on	(date), drawn upon	(name of bank),
and made payable to		, has been dishonored.
	you have ten days from receipt of this notice to te	
amount of the check or in	nstrument plus a service charge of \$30.00 or five p	percent (5%) of the face amount
of the check or instrumen	nt, whichever is greater, the total amount due being	g \$
Unless this amount is paid	d in full within the ten day period, the holder of the	he check or instrument may file
a civil suit against you fo	or two times the amount of the check or instrument	t, but in no case more than
\$500.00, in addition to th	ne payment of the check or instrument, plus any co	ourt costs incurred by the payee
taking the action."		
	SIGNATURE	
	SIGNATURE	
	NAME OF BUSINESS	
	ADDRESS	
	CITY S	STATE ZIP
	TELEPHONE	